**ASSISTIVE TECHNOLOGY CONSIDERATION DOCUMENTATION (Page 1 of 2)**

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| --- | --- | --- | --- |
| **Student:** | **Date of Birth:** | **Grade:** | **Today’s Date:** |
| **School:** | | **Student ID** | |
| **IEP Team Members (General Education and Exceptional Education Teacher must be a part of the team:** | | | |

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| **Specify IEP Goal Addressed and Staff Responsible:** |

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| **STUDENT:**  What are the student’s current abilities?  Strengths/weakness  What is the relevant case history?  What is the student’s present level of education in all areas? |  |
| **ENVIRONMENT:**  Describe the student’s environment(s).  What materials and equipment are currently available?  What daily supports are available? |  |
| **TASKS:**  What does the student need to do?  What activities occur in the student’s natural environments which enable progress toward mastery of identified goals?  What is everyone else doing?  How might the activities accommodated? |  |
| **TOOLS:**  What tools are the student already using? What no, low and high tech options should be considered?  What strategies might be used to increase student performance? |  |

**Progress Summary Plan - SETT FRAMEWORK FOR ASSISTIVE TECHNOLOGY CONSIDERATION (Page 2 of 2)**

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| **List Assistive Technology Tools to be Trialed in this Plan:** |

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| **Follow-Up Data** | **List Tool** | **Initiation Date** | **Duration of trial** | **Progress Summary Plan**  **(Document Data)** | **Evaluate Effectiveness** |
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